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**CERTIFICATE OF AUTHENTICITY OF DOMESTIC BUSINESS
RECORDS PURSUANT TO FEDERAL RULE OF EVIDENCE 902(11)**

I, T. Howell Riley, attest, under penalties of perjury under the laws of the United States of America pursuant to 28 U.S.C. § 1746, that the information contained in this declaration is true and correct. I am employed by The Secretary of State. My official title is Director of Business Services. I am a custodian of records for The Secretary of State. I state that each of the records attached hereto is the original record or a true duplicate of the original record in the custody of The Secretary of State and that I am the custodian of the attached records more specifically described as:

I further state that:

a. all records attached to this certificate were made at or near the time of the occurrence of the matter set forth, by, or from information transmitted by, a person with knowledge of those matters;

b. such records were kept in the ordinary course of a regularly conducted business activity of The Secretary of State; and,

c. such records were made by The Secretary of State as a regular practice.

I further state that this certification is intended to satisfy Rule 902(11) of the Federal Rules of Evidence.

8/5/21
Date

T. Howell Riley
Signature

Deborah S. Chaney
1-8-24 Expires





Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

OFFICE OF INSPECTOR GENERAL
ATTN: RICHARD HAINES



Request Type: No Fee Certified Copies
Request #: 430015

Issuance Date: 08/05/2021
Copies Requested: 1

Document Receipt

Receipt #:

Filing Fee:

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **The Healthcare Institute, Inc.**, Control # 787044 was formed or qualified to do business in the State of Tennessee on 01/31/2015. The Healthcare Institute, Inc. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett
Secretary of State

Processed By: Tiffany Washington

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0049-0674	01/31/2015	Initial Filing
B0439-6342	09/12/2017	Application for Reinstatement
B0445-6105	10/23/2017	Conversion



000787044

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY** (ss-4270)

Page 1 of 2



Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
 312 Rosa L. Parks AVE, 6th FL
 Nashville, TN 37243-1102
 (615) 741-2286

Filing Fee: \$50 per member
 (minimum fee = \$300, maximum fee = \$3,000)

For Office Use Only

Control # 000787044
 FILED: Jan 31, 2015 7:02PM

Tre Hargett,
 Secretary of State

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: The Healthcare Institute LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

The Healthcare Institute LLC
 [REDACTED]
 MEMPHIS, TN 38141-0466
 SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
 (none) (Not to exceed 90 days)

7. The Limited Liability Company will be:

☒ Member Managed ☐ Manager Managed ☐ Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:

[REDACTED]
 MEMPHIS, TN 38125-2150
 SHELBY COUNTY

B0049-0674 01/31/2015 7:02 PM Received by Tennessee Secretary of State Tre Hargett



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)

Page 2 of 2



Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50 per member
(minimum fee - \$300, maximum fee - \$3,000)

For Office Use Only

Control # 000787044
FILED: Jan 31, 2015 7:02PM

Tre Hargett,
Secretary of State

The name of the Limited Liability Company is: The Healthcare Institute LLC

11. The complete mailing address of the entity (if different from the principal office) is:

MEMPHIS, TN 38141-0466

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.

Licensed Profession:

14. Series LLC (optional)

- ☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

- ☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Jan 31, 2015 7:02PM

Signature Date

Electronic

Signature

Katrina Robinson

Signer's Capacity (if other than individual capacity)

Name (printed or typed)



004539960

**APPLICATION FOR REINSTATEMENT
FOLLOWING ADMINISTRATIVE DISSOLUTION/REVOCATION**

SS-9410



Tre Hargett
Secretary of State

Division of Business Services**Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$70.00

*For Office Use Only***-FILED-**

Amendment # 004539960

Electronic Tax Clearance

Pursuant to the Tennessee Business Corporation Act, Tennessee Nonprofit Corporation Act, Tennessee Limited Liability Company Act, Tennessee Revised Limited Liability Company Act, or the Tennessee Revised Uniform Partnership Act, this application for reinstatement is submitted to the Tennessee Secretary of State.

1. The Secretary of State Control Number is: 000787044

2. The name of the business entity at the time of dissolution is:

The Healthcare Institute LLC

3. If changing the name, the new name of the entity following reinstatement shall be:

The new name of the entity must satisfy the statutory requirements for that type of entity.

4. The ground(s) for the administrative dissolution/revocation (check only one):

☒ Has/have been eliminated. - or - ☐ Did not exist.

NOTES: Prior to this document being accepted for filing, the Business Services Division will request tax clearance verification for reinstatement from the Tennessee Department of Revenue. If we cannot obtain such tax clearance verification from the Department of Revenue, this document will be rejected and returned to the applicant. To obtain tax clearance for reinstatement, contact the Tennessee Department of Revenue at 615-253-0700.

09/12/2017

Signature Date

Electronic

Signature

Director



Katrina R Lee

Signer's Capacity

Name (typed or printed)

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

B0439-6342 09/12/2017 9:53 AM Received by Tennessee Secretary of State Tre Hargett

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>State of Tennessee Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center;"> <p>CERTIFICATE OF CONVERSION (LLC into another Business Entity)</p> </div> </div>	<p><i>For Office Use Only</i></p>
<p>Pursuant to the provisions of §48-249-704 of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company submits this certificate of conversion:</p>	
<p>1. The current name of the of the domestic limited liability company (hereinafter referred to as the domestic LLC) is: <u>The Healthcare Institute, LLC</u></p> <p>If different, the name of the domestic LLC under which its articles of organization were originally filed is: _____</p>	
<p>2. The date of filing of the original articles of organization of the domestic LLC was: <u>1/31/2015</u> (month/day/year).</p>	
<p>3. The name of the other business entity into which the domestic LLC is to be converted is <u>The Healthcare Institute, Inc.</u>, its jurisdiction of formation is <u>Memphis, TN</u>, and its business type is a <u>C Corporation</u></p>	
<p>4. All required approvals of the conversion have been obtained by the domestic limited liability company.</p>	
<p>5. If the conversion is not to be effective upon the filing of the certificate of conversion, then the future effective date or time of the conversion is: Date: _____ Time: _____</p>	
<p>6. The following box must be checked and the mailing address provided if the domestic LLC is converting to a foreign entity:</p> <p><input type="checkbox"/> The foreign entity agrees that it may be served with process in this State in any proceeding for the enforcement of any obligation of the domestic LLC arising prior to the date of the conversion, irrevocably appointing the Secretary of State as its agent to accept service of process in any such proceeding. The address (including zip code) to which a copy of such process shall be mailed to it by the Secretary of State is: _____</p>	
<p><u>10/16/17</u> Signature date</p> <p><u>Founder / Executive Director</u> Signer's capacity</p>	<p> Signature</p> <p><u>Katrina Robinson</u> Name (typed or printed)</p>
<p>SS-4269 (Rev. 06/07) Filing Fee \$20 RDA 2458</p>	

CHARTER FOR-PROFIT CORPORATION (ss-4417)

Business Services Division
Tre Hargett, Secretary of State
 State of Tennessee
 312 Rosa L. Parks AVE, 6th Fl.
 Nashville, TN 37243-1102
 (615) 741-2286

Filing Fee: \$100.00

For Office Use Only

The undersigned, acting as incorporator(s) of a for-profit corporation under the provisions of the Tennessee Business corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: The Healthcare Institute, Inc.

(NOTE: Pursuant to the provisions of T.C.A. §48-14-101(a)(1), each corporation name must contain the words "corporation", "incorporated", or "company" or the abbreviation "corp.", "inc.", or "co.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: N/A

4. The name and complete address of the initial registered agent and office located in the state of Tennessee is:

Name: Katrina Robinson

Address: [REDACTED]

City: Memphis State: TN Zip Code: 38125 County: Shelby

5. Fiscal Year Close Month: December

Period of Duration: ☒ Perpetual

☐ Other

Month Day Year

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date: _____ Time: _____
 Month Day Year

7. The corporation is for profit.

8. The number of shares of stock the corporation is authorized to issue is: 1000

9. The complete address of its principal executive office is:

Address: [REDACTED]

City: Memphis State: TN Zip Code: 38125 County: Shelby

*Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

Submitter Information: Name: Katrina Robinson Phone #: [REDACTED]

CHARTER FOR-PROFIT CORPORATION (ss-4417)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
 312 Rosa L. Parks AVE, 6th Fl.
 Nashville, TN 37243-1102
 (615) 741-2286

Filing Fee: \$100.00

*For Office Use Only*The name of the corporation is: The Healthcare Institute, Inc.

10. The complete mailing address of the entity (if different from the principal office) is:

Address: _____
 City: _____ State: _____ Zip Code: _____

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip
Katrina Robinson	[REDACTED]	Memphis, TN 38125-2150

12. Professional Corporation: (required if the additional designation of "Professional Corporation" is entered in section 3.)

☐ I certify that this is a Professional Corporation.

Licensed Profession: _____

13. Other Provisions:

***Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.**

Signature Date

10/16/17

Incorporator's Signature

Katrina Robinson

Incorporator's Name (printed or typed)